21602 10060	22030 64		State of Ne Investi		Mot	tor V	/ehic	cle A	ccid	er	nt Re	port	,	Shee	et1	of _	2
2	Total Nu		Local No./ Agency District OOO Case DC 047792								HIT & RUN	INVESTIGATION MADE AT SCENE?				I .	
A/1	of Vehi		068 No. B0-047763				os 	YES X NO (In Military Time)					X YES NO STATE USE ONLY			1	
02	DATE OF ACCIDENT		1/2016 S M T W TH				H F S	F S TIME OF 10/13				01/11/2 001	LONE				
A/2	ACCIDENT		POLICE														
	PLACE OF	COUNTY	Lancaster						IED	1044	05/31/2016						
В 70	ACCIDENT	CITY LINCOIN						PRIVATE YES NO PROPERTY?				Y? SNO	LATITUDE				-
72 c	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 18th Street								ONE-WAY YES NO STREET?								
1	DISTANCE FROM FEET N S E W OF						ST	HIGHWAY NO.					LONGITUD	E			1
D	MILEPOST IF AT INTERSECTION							IF N	OT AT IN	AT INTERSECTION							
1						♦ FEET ○	MILES	N S	Е					ROAD (ROSSING	}	
V1/M							144.00		X	F							
20	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND N S E W OF NEAREST											1				
V2/M 20				MILES					TY OR TOV								1
E	R. WORK ZONE		R2 R3 R4	S. PEDES	TRIAN SIFICATION		S2 S3	S4 S	5-a S5-b	S6-a	a S6-b	DOES ACCIDE STATE DEPT.					
2	CODES	CODES 1 CODES CODES										○YE	s X	NO			1
F	DRIVER		114005	7005			VEHICL	_E NO. 1				STATE	T	<u> </u>		FEMALE	1
1	LICENSE		NO. H13357	7025					PHONE	-		(Of License)	NE LOCAL NO	SE		MALE	-
V1/N	LARRY		RY								1431	-	LOCAL IV	J.]
1 V2/N	DRIVER ADDRESS 1338 D ST #9, LINCOLN, NE 68502 DATE OF BIRTH (MM/DD/YYYYY) 11/2:							11/22/1952									
1	OWNER I A D D V	OWNER PHONE LOCAL NO.									18 V1/2						
G	OWNER ADDR	ESS				STATE, ZIP			102		CITATION	YES	CITATION	NO.			
2			PT 9, LINCO		68502					(<u></u>	PENDI YEAR	T		STA	TE		V1/3
н 5	LICENSE PLATE	PA	NO. TWB832	MAKE	I N	MODEL		BODY S	TYLE	(Pl	late Expires)	2016	STIMATED [(Of PI	ate)	NE	V1/4
V1/O	VEHICLE		1998	Ford		Taurus	;		or Sed	an	white		TOTALE				1
1	VEHICLE ID NO. (VIN)	1FA	AFP52S2WA	203045								e company ican Family	/				V1/5 - 18
V2/O 1	TOWED TO				TOWED BY						POLICY NO 4100	40120533					V1/6
I							VEHICL	_E NO. 2									25
1	DRIVER LICENSE		NO. H12936	079								STATE (Of License)	NE	SE	x X	FEMALE MALE	
V1/P	DRIVER MATTHEW J DOUGLAS							PHONE					LOCAL NO.			V2/1	
1 V2/P	DRIVER ADDRI	DRIVER ADDRESS CITY, STATE, ZIP DATE OF									18						
1	OWNER PHONE LOCAL NO.										V2/2						
J	HAPPY CAB OWNER ADDRESS CITY, STATE, ZIP OUTH 100 OF THE TOTAL OF T									V2/3							
01	5440 L ST, 03908, OMAHA, NE 68117								○ PENDI	NG X NO							
V1/Q 4	LICENSE PLATE									(Pl	YEAR late Expires)	2016		(Of P	ate)	NE	V2/4
V2/Q	VEHICLE	YEAR	2004	Chevro	I	MODEL IMPala	а	BODY S	or Sed	an	color white) E	STIMATED D	DAMAG D \$	100		V2/5
4	VEHICLE ID NO. (VIN)	2G	31WF55K549389738									E COMPANY					18
к 01	TOWED TO		TOWED BY POL						Policy No.					V2/6 25			
01	Complete this section for all injured persons DATE OF BIRTH								1	2	3	4 5					
			plete a continuati	ion report, if n								DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev. Tra	ns. MF
VEH. #	NAME			AL	IDKESS												
	LOCAL NO. MEDICAL FACILITY NAME					EMS	EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	# NAME ADDRESS									\top			+			\top	\neg
	LOCAL NO.		MEDICAL FACILITY	NAME			EMO	SERVICE NA	ME				EMS RU	N RED	ORT NO		
			MEDIOAL FACILITY	WILL			LINIS	SERVICE IN					LINIS KUI	A NEF	ZINT INU.		
VEH. #	NAME		•	AD	DRESS												\top
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS	SERVICE NA	AME				EMS RU	N REPO	DRT NO.		

		THE FOLLOWING	NEODMATION IS DE	COLUBED FOR ALL AGOI	DENTO				
		THE FOLLOWING	INFORMATION IS RE INDICATE BY DIAGR	AGENCY CASE NO.					
					B6-047783				
Indicate North by Arrow									
			G Street						
			28' 11"						
			S 18th Street	POI 18'5" W of E curb of S 18th 144" N of S curb of F Street					
					Not To Scale				
		,	F Street		Not 10 Scale				
		DECODING	"ION OF ADDITION OF	N OFFICER'S INVESTIGATION					
		e collision occurred. No ci		was a passenger in the taxi cab					
OBJECT DAM	MAGED	OWNER NAME	ADDRESS	PHONE		APPROX. COST OF DAMAGE			
NAME NAME	IAGED	OWNER NAME	ADDRESS	PHONE		APPROX. COST OF DAMAGE			
NAME			ADDRESS		PHONE				
NAME			ADDRESS		PHO	ONE			
VEHICL	LE MOVEMENT	POINT OF IMP	7.0.7.1.12	DEPLOYED RESTRAINT	. 10171				
VEH NO. N S E V	DOAD OD	(Enter numbers for		VEHICLE 1	ALCOHO	DL Driver Driver Pedes-			
1 X	S 18th Stree	et VEHICLE 1	VEHICLE 2		ALCOHOL	V V			
2 X		POINT OF MARKET 08	POINT OF 1 Deployed	1 None used vehicle	LEVEL TESTED	N X N X N			
1 01	06 Turning left			d - side d - both front/side 3 Shoulder belt only used 4 Lap belt only used	used BAC LEVE	L Driver Driver			
2	07 Making U-tu 08 Entering traffic lane		AREA 4 Not depl		used DRI	OHOL/ No. 1 No. 2 UGS 1 1			
01 Essentially straight ahea	09 Leaving	00 None 02 09 Top & windows	6 Unknowi	8 Costume helmet us 9 Restraint use unkno	own 1 Neither	r alcohol nor drugs suspected			
04 Overtaking/ Passing	10 Parked nes 11 Slowing or stopped in to	10 Undercarriage 01 11 Total (all areas) 12 Other 08	05 VEF	S VEHICLE 2	2 Yes - a 3 Yes - d 4 Yes - a	Yes - alcohol suspected Yes - drugs suspected Yes - alcohol & drugs suspected Unknown			
OFFICER NO.	t 13 Unknown	TROOP/ TEAM/ CIA/	DEPARTMENT			Photographs YES			
1426 INVESTIGATOR	NAME (Print or Type	BEAT SVV	Lincoln Police	e Department		aken? X NO			
	Schreiner		Approved by Officer	DATE OF					